## 2013 IA 1040 Iowa Individual Income Tax Form

or fiscal year beginning \_\_/\_\_ 2013 and ending \_\_/\_\_/\_ STEP 1: Fill in all spaces. You MUST fill in your Social Security Number (SSN). Your first name/middle initial Spouse's last name Spouse's first name/middle initial Current mailing address (number and street, apartment, lot, or suite number) or PO Box City, State, ZIP E-Mail Address Spouse SSN • Your SSN • STEP 2 Filing Status: Mark one box only. Check this box if you or your spouse were 65 or older as of 12/31/13. Single: Were you claimed as a dependent on another person's lowa return? YES NO Residence on 12/31/13: County No. School District No 2 Married filing a joint return. (Two-income families may benefit by using status 3 or 4.) Dependent children for whom an exemption is claimed in Step 3 w many have health care coverage?(including Medicaid or hawk-i)
How many do not have health care coverage? 3 Married filing separately on this combined return. Spouse use column B. ▲Net Income: \$ Married filing separate returns. Spouse's name: 5 Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below. Qualifying widow(er) with dependent child. Name: B. Spouse (Filing Status 3 ONLY) STEP 3 Exemptions a. Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3) \_\_ X \$ 40 = \$ X \$ 40 = \$b. Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind.... \_\_\_ X \$ 20 = \$ X \$ 20 = \$X \$ 40 = \$X \$ 40 = \$d. Enter first names of dependents here: e. TOTAL \$ B. Spouse/Status 3 B. Spouse/Status 3 A. You or Joint A. You or Joint STEP 4 Gross 2. Taxable interest income. If more than \$1,500, complete Sch. B. . 2. .00 .00 Income 3. Ordinary dividend income. If more than \$1,500, complete Sch. B. . 3. .00 5. Business income/(loss) from federal Schedule C or C-EZ ....... 5. \_\_\_\_\_\_.00 .00 **NOTE:** Use only 6. Capital gain/(loss) from federal Sch. D if required for federal purposes 6. \_\_\_\_\_\_.00 blue or black ink, no pencils or red ink. 9. Taxable pensions and annuities ...... 9. \_\_\_\_\_\_.00 .00 14. Other income, gambling income, bonus depreciation/section 179 adjustment ..... 14. \_\_\_\_\_\_ .00 GROSS INCOME. ADD lines 1-14. .00 🔺 STEP 5 .00 Adjust-ments to Income 23. lowa capital gain deduction; certain sales ONLY. See instructions. .. 23. \_\_\_\_ .00 ▲ .00 🛦 .00 STEP 6 Federal Tax Addition .00 and Deduc-tion 32. Federal estimated tax payments made in 2013.......32. \_\_\_\_\_\_.00 🛦 \_\_\_ 



2013	3 /	A 1040, page 2	<b>B.</b> S	Spouse/Status 3 A. Y	ou or Joint	B. Spouse/Status 3	3 A.	You or Joint	
STEP 7		BALANCE. From side 1, line 35							00
Taxable Income	37.	Deduction. Check one box. ▲ ☐ Itemized. (include IA Sch	nedule A)	Standard	37	,	.00 🛦	<b>.</b>	00
	38.	TAXABLE INCOME. SUBTRACT line 37 from line 36			38	8	.00		00
STEP 8 Tax, Credits and Checkoff Contributions  STEP 9 Credits  STEP 10 Refund or Amount You Owe	39.	Tax from tables or alternate tax	39.	▲ 00.	·	00			
	40.	lowa lump-sum tax. 25% of federal tax from form 4972	40.	.00 ▲		00			
	41.	Iowa minimum tax. Attach IA 6251	41.	.00 🛦		00			
	42.	Total tax. ADD lines 39, 40, and 41			42	2	.00		00
	43.	Total exemption credit amount(s) from Step 3, side 1	43.	.00		00			
	44.	Tuition and textbook credit for dependents K-12	44.	.00 ▲		00			
	45.	Volunteer Firefighter/EMS credit	45.	▲ 00.	·	00			
	46.	Total credits. ADD lines 43, 44, and 45			46	5	.00		00
	47.	BALANCE. SUBTRACT line 46 from line 42. If less than zer	o, enter	zero	47	, 	.00 🛦	<b>.</b>	00
		Credit for nonresident or part-year resident. Include IA 126	and fede	eral return	48	B	.00 🛦	<u> </u>	00
	49.	BALANCE. SUBTRACT line 48 from 47. If less than zero, et	nter zero		49	)	.00 🛦	·	00
	50.	Other nonrefundable Iowa credits. Include IA 148 Tax Cred	lits Sched	dule	50	)	.00 🛦	<u> </u>	00
	51.	BALANCE. SUBTRACT line 50 from line 49. If less than zer	o, enter	zero	51	·	.00 🛦	<b>.</b>	00
	52.	School district surtax or EMS surtax. Take percentage from	table; m	ultiply by line 51	52		.00 🛦	<b>.</b>	00
	53.	Total tax. ADD lines 51 and 52.			53	J	.00 🛦	<b>.</b>	00
	54.	TOTAL tax before contributions. Combine columns A and B of	on line 53	and enter here			54.		.00
	55.	Contributions. Contributions will reduce your refund or add to	the amou	unt you owe. Amounts mu	ust be in whole d	ollars.			
		Fish/Wildlife 55a: ▲ StateFair 55b: ▲ Firefighters/Veteran	s 55c: ▲	Child Abuse Preventi	ion 55d: 🔺	Enter total	55.		00
	56.	TOTAL TAX AND CONTRIBUTIONS. Add line 54 and line	55 and 6	enter here			. 56. 🔺	·	00
	57.	Out-of-state tax credit. Include IA 130.	57.	▲ 00.		00			
	58.	Motor fuel tax credit. Include IA 4136	58.	▲ 00.		00			
	59.	Check One: Child and dependent care credit <b>OR</b>		4					
		▲ □ Early childhood development credit							
		lowa earned income tax credit. See Instructions							
		Other refundable credits. Include IA 148 Tax Credits Sched							
		Total refundable credits. ADD lines 57 - 61.							
		Tax after credits. SUBTRACT line 62 from line 53. If less than 0, enter				_			
		Taxpayers trust fund tax credit. See instructions							
		lowa income tax withheld							
		Estimated and voucher payments made for tax year 2013							
		TOTAL. ADD lines 62, 64, 65, and 66.							
	_	TOTAL CREDITS. ADD columns A and B on line 67 and en							00
		If line 68 is more than line 56, SUBTRACT line 56 from line							_
	70.	Amount of line 69 to be <b>REFUNDED</b>				REFUND	70. <b>▲</b>	<b>.</b>	00
	71	For a faster refund file electronically. Go to www.iowa.gu Amount of line 69 to be applied to your 2014 estimated ta:				00			
		If line 68 is less than line 56, SUBTRACT line 68 from line 5					72 🛦		00
		Penalty for underpayment of estimated tax from IA 2210, IA							
		Penalty and interest							
		TOTAL AMOUNT DUE. ADD lines 72, 73, and 74, and enter							
	75.	You can pay online at www.iowa.gov/tax. Mailing addres				AT THIS AMOUNT	75.	<b>\</b>	00
		PO Box 9187, Des Moines IA 50306-9187. Make check pa	yable to	Treasurer, State of low	va.				
STEP 11	Р	OLITICAL CHECKOFF. This checkoff does not increase the							
		mount of tax you owe or decrease your refund.		31.50 to Democratic F 51.50 to Republican F		\$1.50 to Dem SELF: \$1.50 to Ben			
				\$1.50 to Campaign Fu		\$1.50 to Can		-	
STEP 12		I (We), the undersigned, declare under penalty of p	perjury t	hat I (we) have exam	nined this return	n, including all ac	compa	anying schedule	s
		and statements, and, to the best of my (our) knowl				mplete return. De	clara	tion of preparer	
PLEASE		(other than taxpayer) is based on all information of	which t	ne preparer has any	knowledge.				
SIGN HE	R F								
SIGN HERE		Your Signature Date	Check if	Deceased Date of Death	h Preparer's Sign	nature		Date	
SIGN HE	RE	Spouse's Signature Date	Check if	Deceased Date of Death	Preparer's PTII	V Firm	's FEIN		
			Daytime Te	elephone Number		Dayti	me Tele	phone Number	

This return is due April 30, 2014. Please sign, enclose W-2s, and verify SSNs. MAILING ADDRESS: See line 75 above.